CLAIM FOR REIMBURSEMENT
Office of Finance and Management
Department of Education
700 Governors Drive
Pierre, SD 57501-2291
Phone: 605-773-3248   Fax: 605-773-6139

SCHOOL BREAKFAST PROGRAM
SPECIAL MILK PROGRAM
July 2005 through June 2006

FOR CANS USE ONLY

Claim for Month of _____ Yr_____

Local Agency Name _____

Mailing Address _____

Town _____State _____ Zip _____

Phone No. _____ FAX: _____

Site Type: ☐ School - Public   (Milk only)
☐ School - Private   ☐ Non - RCCI
☐ RCCI   ☐ Camp
☐ Homeless

Check one: (   ) Original   (   ) Revision

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1. School Breakfast Program   Regular Breakfasts

Enrollment_____*ADA _____*ADP _____
Number of Centers _____# Days Served_____
Approved Free _____Approved Reduced _____

Severe Need Breakfasts

Enrollment _____ *ADA _____ *ADP _____
Number of Centers _____ # Days Served _____
Approved Free_____ Approved Reduced _____

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2.   Meals x Rate of Reimbursement = Breakfast Reimbursement

REGULAR BREAKFAST

Regular Paid	(a) _____	x	(b) _____.23_____	=	(c) $ _____
Regular Free	(d) _____	x	(e) _____1.27_____	=	(f) $ _____
Regular Reduced	(g) _____	x	(h) _____.97_____	=	(i) $ _____
SFSP Breakfast	(j) _____	x	(k)_____1.27_____	=	(l) $ _____

SEVERE NEED BREAKFAST

Severe Need Paid	(m) _____	x	(n) _____.23_____	=	(o) $ _____
Severe Need Free	(p) _____	x	(q) _____1.51_____	=	(r) $ _____
Severe Need Reduced	(s) _____	x	(t) _____1.21_____	=	(u) $ _____
SFSP Breakfast	(v) _____	x	(w) _____1.51_____	=	(x) $ _____

TOTAL BREAKFAST REIMBURSEMENT   (c +f +i +l +o +r +u +x)   = $ _____

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3. (a) Number of Food Service Employee meals   Breakfast   _____

(b) Number of Adult meals (excluding those counted in (a))   Breakfast   _____

(c) A la Carte & Second Meal Equivalency   Breakfast   _____

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4. GENERAL INFORMATION - SPECIAL MILK PROGRAM

Approved Free _____   Enrollment _____   # of Days Served_____   # of sites_____

Meals x Rate of Reimbursement = Special Milk Reimbursement

5.   SPECIAL MILK PROGRAM

(a) Regular Rate *   (a1)_____ x (a2)_____.155_____ = (a3) $ _____
(b) Average Cost Rate **   (b1)_____ x (b2)_____ = (b3) $ _____

TOTAL SPECIAL MILK REIMBURSEMENT CLAIMED   (a3 + b3) = $_____
* Applies to Nonpricing, Option 1 and regular priced milk Option 2.
** Applies to Free milk Option 2 only.

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6. TOTAL REIMBURSEMENT   (Total from Part 2 & Part 5) $_____

I hereby certify that to the best of my knowledge and belief this Claim for Reimbursement is true and correct in all respects; that records are available to support the claim; that it is in accordance with the terms of the existing agreement; and that payment has not been received.

By _____Title _____ Date _____
                    Authorized Representative

All receipts, invoices and other evidence of purchase must be retained for 3 years plus current year for future audit. All claims must be on a calendar month basis except for months when meals are served for ten days or less.

ATTENTION: ALL CLAIMS ARE DUE IN THE OFFICE OF FINANCE AND MANAGEMENT ON / BEFORE THE <u>TENTH</u> OF THE FOLLOWING MONTH FOR WHICH A CLAIM IS BEING SUBMITTED.

DISTRIBUTION: ORIGINAL or fax to Office of Finance and Management; A **copy** is to be retained for agency's file.   (Revised 7/05)

A claim is sent to OFFICE OF FINANCE AND MANAGEMENT for each month of program operations. However, if the first or last month of Program operations for any year contains 10 operating days or less, that month may be combined with the Claim for Reimbursement for the appropriate adjacent month. However, June and July cannot be combined due to different reimbursement rates for different fiscal years.

- **"Site Type"** is one of six: (1) School-Public, (2) School-Private, (3) RCCI, (4) Non-RCCI, (5) Camp, or (6) Homeless.

- **"Enrollment"** is the number of children whose parent or guardian has submitted to your institution a signed document which indicates that the child is enrolled.

- **"Approved Free"** are the children from a family that has a completed application which meets the income standards for free meals and for which neither the child nor any member of his family pays or is required to work in the food service program.

- **"Approved Reduced"** are the children from a family that has a completed application which meets the income standards for reduced price meals.

- **"ADA"** the Average Daily Attendance is the total number of children who attend the center during the month divided by the number of days in service for the month (round up to next highest whole number). ADA can never be less than ADP. To calculate the Average Daily Attendance (ADA) on the SBP Claim for Reimbursement, these steps should be followed for each site each month:

Step 1. At the end of each day, determine the number of different children who attended that day.

Step 2. At the end of the reporting month, add the daily attendance totals. This figure is your total monthly attendance.

Step 3. To determine the ADA, divide the total monthly attendance by the number of days served.

The following is an example of a sample worksheet for calculating ADA:

Date	Daily Attendance
Jan 3	25
Jan 4	30
Jan 5	35
Jan 6	28
Jan 9	27
Jan 10	36

Total Monthly Attendance	=	181
Divided by Days Served	÷	6
ADA	=	30.16

Always round up to the nearest whole number when calculating the ADA. In the example above, the 30.16 = 31.

The local agency claim form must indicate the grand total ADA by adding together the ADA for each site.

- **"ADP"** the **Average Daily Participation** can be found by using the total number of children's breakfasts and divide by the number of days served. For example, if you served 200 breakfasts and served 20 days for the month; your ADP would be: 200 divided by 20 = 10 children. ADP can never exceed ADA (round up to next highest whole number.)

- **"Number of Days Served"** is the number of days food service operated this month.

- **"Number of Attendance Centers"** is the number of attendance centers in a School Food Authority, as reported to DOE, which participate in food service.

ROUNDING DEFINITION FOR ADA & ADP:

Always round ADA & ADP up to next whole number.

Example: 222 ÷ 20 = 11.10 = 12
             230 ÷ 20 = 11.50 = 12

Section 2 — Breakfast

"Regular" Breakfast programs are those which served less than 40% free and reduced lunches in the second preceding year or have elected to participate in the "Regular" Breakfast program.

"Severe Need" Breakfast programs are those who served 40% or more free and reduced lunches in the second preceding year, and who have elected to participate in the "Severe Need" Breakfast Program. (a) contains the number of paid regular breakfasts served to children during the month, (d) contains the number of free regular breakfasts served to children during the month, (g) contains the number of reduced regular breakfasts served to children during the month, (j) contains the number of paid severe need breakfasts served to children during the month, (m) contains the number of free severe need breakfasts served to children during the month, (p) contains the number of reduced severe need breakfasts served to children during the month. These meals are to be multiplied by the current reimbursement rate (round to 2 decimals). For the total reimbursement for breakfast add lines (c), (f), (i), (l), (o), (r), (u) and (x).

Section 3 — Adult Meals/Equivalencies

(a) contains the number of breakfast served to Food Service employees only.

(b) contains all other paid and free breakfast served to adults (excluding those counted in (a).

Section 4 — Milk

Special Milk Program Pricing Options

Nonpricing: Milk served to all children at no charge.

Option 1: Milk served to all children at the same price. All children are charged for milk; no benefits for those that qualify for free milk.

Option 2: Milk served free to children eligible to receive free milk.

Section 6 — Total Reimbursement

Total reimbursement is the sum of total reimbursement in Section 2 and 5.

CLAIMS received after sixty (60) days from the last day of the month being claimed will not be approved for payment.

If a one-time exception is needed, contact Office of Finance and Management.

NOTE: Date and sign with an original signature
A signed faxed copy is acceptable. A second (hard) copy is not needed.

DISTRIBUTION: **ORIGINAL or fax** to Office of Finance and Mgt
COPY to be retained as file copy.